

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>GARDEN VILLA - BLOOMINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1100 S CURRY PK BLOOMINGTON, IN 47403</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/18/12</p> <p>Facility Number: 000007 Provider Number: 155019 AIM Number: 100275040</p> <p>Surveyors: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Garden Villa-Bloomington was found in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in resident rooms on Unit 4, Unit 5 and Unit 6 with battery powered smoke detectors in resident rooms on Unit 1, Unit 2 and Unit 3. The facility has a capacity of 224 and had a census of 197 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached garage for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety</p>	K 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

M82S21

If continuation sheet 1 of 2

Indiana State Department of Health

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K 000	Continued From page 1 Code Specialist-Medical Surveyor on 09/24/12.	K 000			